

**UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

GORDA DUNIGAN, as Personal Representative  
for the ESTATE OF JAMES DUNIGAN, Deceased,

Plaintiff,

v

Case No. 1:16-CV-01324  
Hon. Janet T. Neff  
Mag. Judge Ellen S. Carmody

BRONSON METHODIST HOSPITAL,

Defendant.

---

GEOFFREY N. FIEGER (P30441)  
JAMES J. HARRINGTON, IV (P65351)  
Fieger, Fieger, Kenney & Harrington, P.C.  
Attorneys for Plaintiff  
19390 West 10 Mile Road  
Southfield, MI 48075  
(248) 355-5555

---

JOHN C. O'LOUGHLIN (P33343)  
Smith, Haughey, Rice & Roegge  
Attorney for Defendant, Bronson  
100 Monroe Center NW  
Grand Rapids, MI 49503  
(616) 774-8000

---

**EXHIBIT 7 (CORRECTED)**



## Postmortem Examination Report

# James R. Dunigan

WMed Number: W16-326

Date of Birth: 03/24/1959

Date Pronounced Dead: 05/06/2016

Age: 57 years

Sex: Male

Date of Examination: 05/07/2016

Time of Examination: 0800 hours

Procedure: Complete Autopsy

Identification: Identification tags

County: Kalamazoo

Medical Examiner: Elizabeth A. Douglas, MD

Persons in Attendance: Lee Morgan, Autopsy  
Assistant; Kalamazoo  
County Sheriff's Office  
representative

**Cause of Death:** Hypertensive atherosclerotic cardiovascular disease, diabetes mellitus, chronic obstructive pulmonary disease, and end stage renal disease complicated by acute intoxication by the combined effects of hydrocodone, diphenhydramine, ephedrine, and gabapentin

Department of Pathology

1000 Oakland Drive Kalamazoo, MI 49008-8074

PHONE 269.337.6173 FAX 844.337.6001 WEB med.wmich.edu

**Other Conditions:** Chronic cocaine use, Fentanyl ingestion

**Manner of Death:** Accident

### **Investigative Summary/Comment**

The decedent, a 57 year-old male, who had reportedly been discharged from the emergency department following a work-up for flank pain which developed after a fall. He then reportedly refused to leave the hospital, and was transported to the local jail. However, he was unresponsive upon arrival to the jail. Additional details of this investigation are on file with the Kalamazoo County Medical Examiner's Office.

### **Receipt of Remains**

The remains were transported to the morgue by Mike Daniel on Friday, May 06, 2016 at 09:30 hours and assisted into the facility by Sarah Prolo of the Pathology Department.

The remains are received in the supine position contained within a blue plastic transport pouch. A tag attached to the transport pouch bears the name, "Dunigan James". A seal securing the zippers on the transport pouch bears the number "0080885". A tag attached to the right foot bears the decedent's name. A hospital issued identification band is around the left wrist.

### **External Examination**

#### **Clothing and personal effects**

The remains are received wearing and with the following:

- Gray and red hooded shirt
- Dark denim jeans
- Multi-colored boxer shorts
- Yellow socks
- Beige athletic shoes
- Brown wallet containing assorted bank cards, identification cards, and papers

#### **Features of identification**

The body is that of an African American male, whose appearance is consistent with the reported age of 57 years. The body weighs 171 pounds, including the weight of the personal effects and transport pouch, and is 69 inches in length. The scalp hair is short and dark brown with normal distribution. The facial hair is unshaven. The irides appear brown. The upper teeth are natural and in fair condition. The lower teeth are natural and in fair condition. In addition to these features of identification, multiple blue-black tattoos of the neck, trunk, and extremities including interlocking geometric designs, text, a cross, a flower, and a chain are identified. Multiple linear, ovoid, and irregular scars measuring up to 1-inch in length are present over the upper and lower extremities.

The following scars are also present:

- 3-inch horizontally oriented linear scar of the left antecubital fossa
- 2-1/2 inch horizontally oriented linear scar of the left antecubital fossa
- 3/4-inch x 1 1/2-inch irregular scar of the left knee
- 3/4-inch linear scar of the right supraclavicular chest

### **Postmortem changes**

Rigor mortis is full. Fixed red lividity is over the posterior body surfaces. The skin temperature is cool; the body has been refrigerated. The corneas are clear. The remains are well-preserved in the absence of embalming.

### **Evidence of therapeutic intervention**

- Oral endotracheal tube
- Single lumen intravascular catheter secured with occlusive dressing piercing the skin of the right antecubital fossa
- Four electrocardiogram electrode pads
- Two sets of cardiac defibrillator pads
- Anterior rib fractures in the parasternal line
- Suture closure overlying fistula of the left upper extremity
- Double lumen peripherally inserted central catheter (PICC), right supraclavicular

### **Postmortem Imaging Studies**

Postmortem radiographs are not obtained during the examination.

### **General**

The body habitus is normal. The distribution of body hair is normal for the gender and reported age. There is no evidence of malnutrition or dehydration. No peculiar odors or color changes of the decedent are noted. There are no adherent foreign materials on the body. There are no unusual vascular markings. There is no visible or palpable adenopathy.

### **Head**

The scalp and soft tissues of the face are free of injury. The periorbital, nasal, and facial bones are intact to palpation. The conjunctivae and periorbital regions are pale. The sclerae are anicteric. The pupils are unremarkable. The nasal vestibules are unremarkable. The lips, gums, tongue, and buccal mucosa, where seen, appear free of injury and significant natural disease. The external ears are normally formed and positioned. The mastoid and mandibular regions are unremarkable.

### **Neck**

The neck is of normal configuration; there is no crepitance with manipulation or subcutaneous emphysema. There are no palpable masses of the neck. There is no tracheal deviation.

### **Torso**

The thorax is symmetrical and normal in configuration. The breasts are of normal adult male configuration, and there are no palpable masses. The abdomen is soft. The cervical, supraclavicular, axillary, and inguinal regions are free of palpable adenopathy. The distribution of body hair is appropriate for the reported age. The external genitalia

are of normal male conformation, and there are no external lesions. The perineum and perianal areas are unremarkable. The lower back and buttocks are free of significant abnormalities.

#### **Upper Extremities**

The upper extremities are symmetrical and appropriately developed for the reported age. All digits are present.

#### **Lower Extremities**

The lower extremities are symmetrical and appropriately developed for the reported age. There is a moderate degree of pitting edema over the feet and distal lower extremities. All digits are present.

### **Evidence of Injury**

There are abraded contusions over the ulnar and volar surfaces of the wrists in addition to a ½-inch red abrasion of the right knee. An approximate 2-inch zone of extravasated blood is in the left anterior chest wall in the midclavicular line, and a 1-inch zone of extravasated blood is in the right anterior chest wall in the midclavicular line.

### **Internal Examination**

#### **Torso**

##### ***Evisceration/Dissection Method***

The organs of the thoracic, abdominal and pelvic cavities are removed using the Virchow technique (individually).

##### ***Chest and Abdomen- Walls and Cavities***

The body is opened by means of the usual "Y" incision. The subcutaneous fat and musculature are normal and free of injury. The sternum and chest plate are intact. Prior to their removal, the viscera of the thoracic, abdominal and pelvic cavities are examined in situ and occupy their normal sites. The serous surfaces of the right thoracic cavity are adhered to the right lung. The serous surfaces of the left thoracic cavity are adhered to the left lung. There are delicate fibrinous adhesions between loops of bowel. The serous surfaces are otherwise smooth and glistening. No significant fluid accumulations are present in the pericardial sac, pleural cavities or abdominal cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

##### ***Organ Weights***

Heart - 550 grams

Right lung - 1060 grams

Left lung - 820 grams  
Spleen - 180 grams  
Liver - 2140 grams  
Right kidney - 160 grams  
Left kidney - 170 grams

### ***Cardiovascular System***

#### ***Heart:***

The heart is enlarged. The coronary arteries have a normal anatomic distribution, and multiple cross sections reveal up to 99% narrowing right coronary artery and 99% narrowing of the first diagonal branch of the left anterior descending coronary artery. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 2.0 centimeters and 0.3 centimeters thick, respectively. The interventricular septum is 2.0 centimeters thick. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 12 centimeters, pulmonic valve = 8 centimeters, mitral valve = 11 centimeters, and aortic valve = 6 centimeters.

#### ***Aorta and its major branches:***

There is a moderate degree of atheromatous streaking and plaque formation of the thoracic and abdominal aorta. There is minimal ulceration and calcification of the atheromatous plaques of the infrarenal abdominal aorta.

#### ***Venae cavae and their major tributaries:***

The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present. The deep veins of the lower extremities are dissected and sectioned; no areas of thrombosis are identified.

### ***Respiratory System***

The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is adhered to the chest wall and is mottled severely with black streaks and macules. There are subpleural emphysematous bullae. The distal segmental pulmonary arteries are occupied by thromboemboli. The lungs are sub-crepitant throughout. The parenchyma is congested and emphysematous.

### ***Digestive System***

The distal esophagus is erythematous; the esophagus is otherwise free of lesions. The stomach has a normal configuration. The serosa is smooth and

glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are pinpoint areas of mucosal ulceration. The stomach contains 300 cc of semisolid and partially chewed material suspended in brown liquid. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

#### ***Hepatobiliary System and Pancreas***

##### ***Liver:***

The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal parenchyma.

##### ***Gallbladder:***

The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 20 mL of bile. No calculi are present.

##### ***Pancreas:***

The pancreas is firm. Multiple cross sections through the pancreas reveal a moderate degree of fibrosis. The main pancreatic duct is probe patent.

#### ***Reticuloendothelial System***

The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered. Lymph nodes of the mediastinal, and abdominal areas appear normal. There is moderate anthracosis of the pulmonary hilar lymph nodes. Where bone marrow is seen, it is unremarkable. The thymus is involute.

#### ***Urogenital System***

##### ***Kidneys and Ureters:***

The right and left kidneys are similar. The capsules strip with minor difficulty to reveal granular subcapsular surfaces. On section, the renal cortices are attenuated and the cortico-medullary demarcations are distinct. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

##### ***Bladder:***

The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains 50 mL of clear, straw-colored urine.

##### ***Prostate and seminal vesicles:***

Multiple cross sections through the prostate reveal rubbery, firm, gray-white parenchyma, free of lesions. The seminal vesicles are unremarkable.



**Testes:**

The testes are both present within the scrotal sac. The tunica vaginalis of the right teste contains clear, serous fluid. Bivalve sections of the testes show a normal parenchyma.

**Endocrine Organs**

No abnormalities are present in the thyroid or adrenal glands. The pituitary gland is mildly enlarged.

**Head and Brain:**

The scalp is reflected using the standard intermastoidal incision. The cranial contents are examined in situ as the calvarium is removed and as the dura is reflected.

Weight: 1250 grams

The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. There are no subdural blood accumulations. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show mild atherosclerosis, most prominently at the branch points of the circle of Willis. There are no congenital anomalies of the cerebral arteries. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a remote infarct in the right basal ganglia, but an otherwise grossly normal cortical ribbon and underlying white matter. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

**Neck and Pharynx:**

The skin of the neck is dissected up to the angle of the mandible. There is no evidence of soft tissue trauma to the major airways or vital structures of the lateral neck compartments. A layered dissection of the anterior strap muscles of the neck does not disclose injury. The neck organs are excised en bloc and examined separately. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and free of lesions. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

**Musculoskeletal:**

The axial and appendicular skeleton shows no abnormalities. The exposed musculature is unremarkable. The anterior cervical spine and atlanto-occipital joint are stable to manipulation.

### **Spinal Cord:**

Serial cross sections through a small portion of the proximal cervical spinal cord show no gross abnormalities.

### **Other Procedures**

1. Photographs for identification and documentation purposes are obtained.
2. Tissue samples are retained in formalin.
3. Tissue samples are placed in cassettes for processing to slides for microscopic examination.
4. Blood is submitted for a postmortem drug screen.
5. Urine is submitted for a postmortem drug screen.
6. Vitreous fluid is obtained for analysis, if indicated.
7. Fingerprints are obtained and are retained in this office.
8. Blood is placed on a DNA card and is retained for analysis, if indicated.

### **Slide Block Index**

- A- Representative section, right lung
- B- Representative section, left lung
- C- Representative sections, left and right ventricular myocardium, first diagonal branch of the left anterior descending coronary artery
- D- Representative sections, interventricular septum and right coronary artery
- E- Representative sections, right kidney and liver
- F- Representative section, left kidney
- G- Representative section, right hippocampus and cerebellum
- H- Representative sections, left hippocampus and cerebellum

### **Microscopic Descriptions**

#### **Heart**

- Myocyte hypertrophy
- Interstitial and subendocardial fibrosis
- Intramyocardial arteriolosclerosis

#### **Right coronary artery**

- Severe atherosclerotic plaque formation characterized by intimal fibrosis, calcific deposits, cholesterol cleft formation, and mild chronic inflammation

#### **First diagonal branch of the left anterior descending coronary artery**

- Tangential section through vessel wall showing atherosclerotic plaque formation characterized by intimal fibrosis, calcific deposits, cholesterol cleft formation, and mild chronic inflammation

#### **Lungs**

- Enlarged alveoli separated by thin septa and loss of attachments of the alveoli to the outer walls of small airways with concomitant expansion of airspaces
- Vascular congestion
- Intra-alveolar pigment laden macrophages
- Diffuse extravasation of blood within alveolar spaces
- Rare paravascular multinucleated cells with polarizable debris within cytoplasmic space
- Formalin pigment artifact
- Organizing embolus, right lung

#### Liver

- Periportal clusters of modestly dilated and angulated bile ducts containing intraluminal bile in fibrous stroma without significant atypia or inflammation.
- Moderate degree of chronic, portal-based inflammatory cell infiltrates

#### Kidneys

- Scattered foci of polarizable debris
- Occasional focus of irregular, coarse basophilic deposits
- Hyaline tubular debris
- Chronic interstitial inflammatory cell infiltrates
- Nodular glomerulosclerosis
- Arteriolonephrosclerosis

#### Central Nervous System

- Hyaline arteriopathy, penetrating vessels of the cerebrum
- Vascular congestion



## **Examination and Investigative Findings**

- I. Hypertensive atherosclerotic cardiovascular disease
  - a) Cerebral atherosclerosis, mild
    - i) Remote cerebral vascular accident
  - b) Hypertensive cardiovascular disease (clinical history)
    - i) Cardiomegaly
    - ii) Left ventricular hypertrophy
    - iii) Light microscopic changes consistent with essential hypertension
      - (1) Replacement fibrosis of the ventricular myocardium
      - (2) Intramyocardial arteriolosclerosis
      - (3) Myocyte hypertrophy
      - (4) Hyaline arteriopathy of the penetrating vessels of the cerebrum
      - (5) Arteriolonephrosclerosis
  - c) Coronary artery atherosclerosis
    - i) Acute coronary syndrome (clinical history, circa 07/2014)
    - ii) 99% narrowing, right coronary artery
    - iii) 99% narrowing, first diagonal branch of the left anterior descending coronary artery
  - d) Congestive heart failure (clinical) with pitting pedal edema
  - e) Aortic atherosclerosis
- II. Diabetes mellitus, by clinical history
  - a) Nodular glomerulosclerosis
  - b) Postmortem vitreous glucose 14 mg/dL
  - c) Volatiles not detected
- III. Chronic kidney disease, by history
  - a) Hemodialysis, three times weekly (clinical history)
  - b) Date of last hemodialysis unknown

- c) Arteriovenous fistula, left upper extremity
- d) PICC line, right subclavian
- e) Postmortem vitreous electrolytes
  - i) Sodium- 145 mmol/L
  - ii) Potassium- 10.3 mmol/L
  - iii) Chloride- 115 mmol/L
  - iv) Glucose- 14 mg/dL
  - v) Urea nitrogen- 52 mg/dL
  - vi) Creatinine- 3.3 mg/dL

IV. Chronic tobacco exposure

- a) Eleven pack year smoking history (clinical)
- b) Mottling of the pulmonary visceral pleura
- c) Anthracotic hilar lymph nodes
- d) Intra-alveolar pigment laden macrophages
- e) Pulmonary emphysema

V. Mixed drug intoxication

- a) Pulmonary edema
- b) Obtundation and diminished respiratory drive observed in video obtained from police vehicle used to transport decedent from hospital to jail
- c) Femoral blood
  - i) Ephedrine- 141 ng/mL
  - ii) Benzoylecgonine- 1146 ng/mL
  - iii) Hydrocodone- 50.2 ng/mL
  - iv) Gabapentin- 9.8 mcg/mL
  - v) Diphenhydramine- 346 ng/mL
- d) Urine drug screen positive for:
  - i) Benzoylecgonine
  - ii) Fentanyl
  - iii) Norfentanyl
  - iv) Hydrocodone
  - v) Hydromorphone

- e) Postmortem vitreous fluid negative for volatiles
- f) Query of Michigan Automated Prescription System performed 07/05/2016 did not return a record of a hydrocodone prescription in the decedent's name
- g) Review of emergency department records from decedent's last visit does not disclose hydrocodone administration

VI. Chronic cocaine use

- a) Weekly cocaine use, clinical history
- b) Urine and femoral blood positive for cocaine metabolites
- c) Date of last hemodialysis run unknown

VII. Fentanyl ingestion

- a) Urine positive for fentanyl and fentanyl metabolite
- b) Query of Michigan Automated Prescription System performed 07/05/2016 did not return a record of a fentanyl prescription in the decedent's name
- c) Review of emergency department records from decedent's last visit does not disclose fentanyl administration

VIII. Subsegmental right lower lobe pulmonary embolus

IX. Pancreatic fibrosis

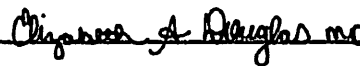
X. Chronic Hepatitis C

XI. Right testicular hydrocele

XII. Bile duct hamartoma

XIII. Abrasions and contusions of the wrists

XIV. Soft tissue hemorrhage, anterior chest wall



Elizabeth A. Douglas, M.D.

July 5, 2016